FOR HONOR FLIGHT USE ONLY Last Name:	Date Received:	: / ,	/



Veteran Application

Honor Flight recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at no cost. Top priority (for which we are currently accepting application only) is given to WW II and terminally ill veterans from all wars. In the future, Honor Flight will be expanded to include Korean and Vietnam veterans. In order for Honor Flight to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at Honor Flight. For Honor Flight of the Quad Cities information, please email Bob Morrison at Ridgecrest Village at bmorrison@ridgecrestvillage.org or call at (563) 388-3271. Our website is www.honorflightqc.org.

YOUR NAME:		NICK N	NICK NAME:		
(As	s it appears on your ID for airline travel)		(If Applicable)		
ADDRESS					
CITY:		STATE:	_ ZIP:		
PHONE: Day:	Evening:	Cell Pho	ne:		
E-MAIL ADDRESS:		WEIGHT:	AGE:		
	ABOUT HONOR FLIGHT?				
	ACT (son, daughter, etc): NAME:				
PHONE:	E-MAIL:	RELATION	NSHIP:		
	ACT INFORMATION (someone avai				
Name:	Relationship:		lationship:		
	Evening:		:		
			RANK:		
	nich city and state did you enter the serv				
	/WII:				
MEDICAL: INFORMA	ATION PROVIDED WILL NOT DISQU	ALIFY YOU. IT PERMITS US	TO ASSESS THE SUPPORT		
	E TRIP. INFO IS FOR HONOR FLIGH				
Do you use mobility equ	uipment? YES NO. If YES, please cir-	cle device: CANE WALKER	WHEELCHAIR SCOOTER		
	MEDICATIONS (name a	nd how often you take it):			
MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?		
			_		
			_		
			_		
Do you have any drug a	llergies?				
	seizure? YES NO. Please describe wh				
	are? If within 5 years, STI				

Do you ha	ve problems with motion sickness (sea or air)? YES NO. If yes, is it controlled with medications? YES NO
If medicati	ions don't control motion sickness, it is STRONGLY advised you discuss the trip with your private physician!
Do you ha	ve any breathing problems? YES NO. If YES, describe:
-	e a home nebulizer machine? YES NO. If YES, you are STRONGLY encouraged to discuss the trip with your ysician concerning the use of portable hand-held nebulizers during the trip.
	e oxygen at any time? YES NO. If YES, you will need your private physician to write a prescription for oxygen to ring the flight and during the tour. Oxygen will be provided. Prescription should be turned in with your application
Do you ha	ve a problem walking the length of a football field without assistance? YES NO. If yes, describe the reason (e.g. ems, arthritis, heart problems, etc.):
the open he is STRON	ve a history of open head injuries, sinus problems, or ear problems ? YES NO. If YES, have you flown since ead injury, sinus or ear problems occurred? YES NO. If YES, did you have any problems? YES NO If YES, it GLY advised you discuss the trip with your private physician. If you have NEVER flown since the open head us or ear problems, again we STRONGLY advise you discuss the trip with your private physician.
	ve a urostomy or colostomy bag? YES NO. If YES, please make sure the bag is vented prior to flight. If you do f your bag is vented, it is STRONGLY advised that you discuss this issue with your private physician.
Additional	Comments or Concerns:
PLEASE I	REVIEW CAREFULLY AND SIGN:
	signed acknowledges and agrees that:
	As photographic and video equipment are frequently used to memorialize and document <i>Honor Flight</i> trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the <i>Honor Flight</i> program. I hereby release the photographer and <i>Honor Flight</i> from all claims and liability relating to said photographs. I hereby give permission for my images captured during <i>Honor Flight</i> activities through video, photo, or other media, to be used solely for the purposes of <i>Honor Flight</i> promotional material and publications, and waive any rights or compensation or ownership thereto.
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I further state that medical insurance is the responsibility of the veteran and I understand that *Honor Flight* does
NOT provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight* activities and will not hold *Honor Flight* responsible for any injuries incurred by me while participating in the
Honor Flight program

SIGNED:			
MO/DAY/YEAR:	/	/	(E-mail applicants will be required to sign prior to actual flight date)

Please submit this form to: Honor Flight of the Quad Cities, Inc.



Ridgecrest Village 4130 Northwest Blvd Davenport, IA 52806

Or e-mail to: bmorrison@ridgecrestvillage.org

Or fax to: (563) 388-3287